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OBSERVATIONS OF A CONTRACT SURGEON

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BY

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WILLIAM F. WHYTE

I am requested to write a short narrative of my experiences in army service as a contract officer. The experiences of a medical officer of an army are as a rule in the highest degree unromantic. I have not been enough of a soldier to boast of my achievements. I cannot shoulder my crutch and show how fields are won, but I will attempt to tell how a man with a desire to serve a great cause can do his duty and be as useful as if he carried a rifle or handled a machine gun. When war with Germany was declared I wrote to the surgeon general's office offering my services and received the reply that I was beyond the age of commission. Three months later I applied again with the same result. I foresaw that there would be a great demand for medical officers and if volunteers did not come forward to meet the wants of the rapidly mobilizing army, it might be found necessary to let down the bars and admit men to the medical service who were over age of commission (fifty-five), if they were found to be professionally and physically qualified. My guess was a good one, for the surgeon general, who is certainly a high class man and patriotically desired to do his whole duty in putting into the field a physically perfect army, found that there were not enough well-trained men among the medical recruits to act as tuberculosis examiners. Reserve officers in large numbers were being trained for that service, but until there should be a sufficient number to meet the demand the surgeon general asked a number of the life insurance companies to propose the names of their experienced examiners who could be called on for a few months to fill the gap.

My name was proposed to the War Department in September, and on November 1, I was ordered to Fort Benjamin

Harrison for a short preliminary training. I might say here that the regular army officers did not favor this method of filling up the ranks of the service with contract men, and I was told soon after reaching Fort Harrison that I must be prepared to be snubbed by the camp surgeons, who were ready to make themselves disagreeable and if possible demonstrate to the contract officer that he was an unnecessary factor in the army. If I had known that the M. O. T. C. (Medical Officers' Training Camp) at Fort Harrison was a try-out affair as well as a training camp, my enthusiasm might have received a setback at the beginning of my service. I was told at Washington by Colonel Bruns when I asked him why my contract read "for thirty days" that it was only a form. Some of my colleagues found that it was a reality, for at the end of thirty days they were ordered home. In my class at Fort Benjamin Harrison there were eight contract officers; two were ordered to Camp Custer at the end of the period; the remainder got their orders to go home at government expense. Fort Benjamin Harrison was a M. O. T. C.; in addition there were about three thousand recruits from the national army in training. The men had been in camp two months, and as I watched their evolutions I said to an acquaintance, "I don't believe the German army can produce the equal of those fellows." I had seen the Potsdam garrison, the flower of the Prussian army, at Berlin thirty years before, and the Prussian soldiers always impressed me as well drilled machines without spirit or initiative.

I went to headquarters to report. While there I met Captain Stoll, one of the instructors. I asked him if I could get a good room in the barracks. I had an inkling of the hardships which to a young fellow might seem hardly worth noticing, but to a man over sixty-five were matters for serious consideration. He smilingly replied, "Why, Doctor, we will give you a room and bath." I was directed to Barracks No. 3 and told that I might sleep in that particular shanty, but would

have to furnish my own cot and bedding. There were in all forty occupants of the barracks. I bought an army cot and mattress and borrowed some quilts from the quartermaster until my bedding should arrive. I had never slept on such a contraption before and by 4 A. M. I was wide awake and anathematizing the hard spots in my mattress. When reveille sounded at six o'clock I got up with the alacrity of youth and seizing my wash basin and towel made a rush for the bath room (eighteen showers) a hundred yards away. After a hasty rub I managed to get dressed by the time the breakfast bell rang at six-thirty. In the mess room at Fort Benjamin Harrison, if you brought your manners with you, the chances were that you would go away hungry. I took note of the situation in about one minute. I will not say how fast or how much I ate; a country doctor after forty years' experience, who has a good digestion, becomes what David Harum calls "a good feeder." I did my best and left the mess table with my hunger appeased.

The tuberculosis branch of the training camp numbered about thirty or forty medical officers of whom eight, like myself, were in service by contract. The two instructors, Major Hoyt of Philadelphia and Captain Stoll of Hartford, were high class men. Their duties consisted in instructing the men in the army method of chest examination and incidentally in finding out if a man knew enough about physical diagnosis to measure up to the requirements of the service. I had been out of practice for four years and felt rather timid, but in a day or two I gained confidence. I found some of the men were weaker than myself. It was intensive work—six hours daily—with the evening taken up by study. I did not have much time to worry about my future. Still, I was greatly relieved when I received orders to go to Camp Custer. It was certainly a matter for self-congratulation, that an old fellow who might be called rusty through lack of practice was deemed qualified to act as a tuberculosis examiner in the army.

The contract surgeon ranks as first lieutenant only, with no chance for promotion. No quarters are assigned him unless he is on active duty in foreign service or in a training camp; and he has no right to claim pension for disease or injury contracted in the service. The knowledge also that he is to a certain extent looked down on as an inferior by some young fellow who is proud of his lieutenant's bars and his uniform makes the position of the contract officer the reverse of agreeable. The feeling, however, that he is serving a great cause is a solace that makes his life endurable. One noble old fellow, a doctor from Minnesota, aged sixty-nine, was heart-broken when he was ordered home. He was full of patriotic zeal and had tried to enlist as a private when war was declared. He was very happy at the prospect of being in the medical service and told of his grandson who was in the army in the South and what a joy it would be if he could be ordered to serve in the same camp. It was my good fortune to go to a camp where my son was stationed as a lieutenant in the 310th Engineers. I wired my wife to meet me there.

Camp Custer is beautifully located five miles from Battle Creek, Michigan. The camp was on a high ridge surrounded by marshy land, an ideal situation from a sanitary standpoint. A fine asphalt road and a cheap jitney service rendered it so accessible that several hundred army officers' families lived in Battle Creek. The trolley service between the camp and the town was also prompt and reasonable in price.

My wife soon engaged pleasant rooms in Battle Creek, and although work in the camp was strenuous, my colleagues were pleasant fellows, and the homecoming every afternoon was the reverse of disagreeable. The only drawback to the life of the camp was the thought which would come into my mind every day that I was examining men to ascertain whether they were fit to be shot by German snipers.

The winter of 1917-18 was extremely cold in Michigan. Some of the army officers thought it would toughen the men to

have them drill and go on hikes in the severest weather; the result was frozen faces, fingers, and feet. The regimental surgeons protested to the commandant against such inhumanity, but were told to mind their own business. When, however, the martinet at the head of the camp was threatened with an appeal to Washington there was a right-about face and the men were not ordered out except when the surgical staff approved. To make a man stand guard for two hours over a mule or a truck when the thermometer registered twenty below zero may have been in accordance with army regulations, but it conflicted with common sense and humanity.

We were told at Fort Benjamin Harrison by Major Hoyt that fifty examinations would be considered a day's work; after a few weeks we found that a man was considered inefficient if he could not make seventy-five in one day. The President of the Board, which usually consisted of twelve members, wanted to make a good record in the surgeon general's office, and so we were urged to speed up as rapidly as was consistent with accuracy of diagnosis. I will describe the method followed at Camp Custer, although we were compelled afterwards to modify it to a certain extent. The men were brought to the base hospital, one hundred at a time. An orderly gave them instruction as to how to breathe and cough when they came before the examiners. They were stripped to the waist and the examiner applied his stethoscope in twenty different places on the chest, the soldier breathing and coughing meanwhile. (Hand before your mouth; breathe in, breathe out, and cough, was the method.) Three minutes was the time allowed for the examination of the normal chest, including the heart.

When an abnormality was detected the examiner referred the case to his associate, who occupied the same room. If he also found the same lesion, the case was referred to the captain of the Board. If the lesion was a serious one the man was sent to the Superior Board which consisted of three examiners,

who S. C. D.'d him (marked him for discharge from the army). If the disease was slight, the man was not sent to the Superior Board but was ordered to return in ten days, when all the "come backs," as they were called, were examined by the whole board. This was a different proposition from examining a patient in the doctor's office. People who come there are sick, or think they are. These were men who had all been passed on by local boards; none of them knew or thought anything was the matter with their lungs or hearts. I frequently made the remark to my colleagues, "How could this man pass a board?" His unfitness for any army service was so apparent. I have been led to believe that the local examiners passed many "no goods," thinking that they might possibly get by the camp tuberculosis examiners, and thus the community would be rid of an undesirable.

The acid test was "activity." If there was a minute area of active disease in the upper lobe of either lung, the man was rejected without hesitation; but if either lung showed a tubercular deposit in a quiescent condition, he was allowed to go through unless the area involved was too large. As Colonel Bushnell, the head of the tuberculosis work in the army, himself a victim of chronic tuberculosis, said, "These men may outlive any of you." It is a well-known fact proved by post-mortem statistics, that a large majority of those people who die of other ailments have had tuberculosis some time in their life. Physical appearances were often very deceptive. A skinny little chap in spite of his appearance would be found to have normal lungs, while a stalwart muscular giant would be found with active disease. The heaviest man I examined in the army—a Brooklyn recruit who weighed two hundred forty-nine pounds—had a well-marked cicatrized cavity in his upper left lobe. He had no doubt been a long-time patron of those widely advertised and well-known citizens of New York, George Ehret, or Jack Ruppert, who are now engaged in the manufacture of two and three-fourths' per cent beer. He was

no doubt discharged from the service, as a man in his condition would soon break down under the strenuous discipline of army life.

The daily grind at Camp Custer was from 8 to 11:30 A. M., and from 1:30 to 4 or 5 P. M. just as the men were brought in for examination. With the methods prescribed there we found that examining seventy-five men was a heavy day's work. The officers came in hit or miss; they were allowed to undress in the examiner's room, while the privates took off their clothes in the hallway and came in by number.

From twenty-one thousand six hundred forty recruits examined at Camp Custer we rejected ninety-six for tuberculosis. Three hundred were held in reserve for future observation as they showed quiescent lesions or what is called fibrosis. One hundred thirty-eight were rejected for heart disease, and two hundred were held up for other chest defects. One of our Board with a mathematical turn of mind found that it cost Uncle Sam thirty cents a head for tuberculosis examinations. A Canadian medical expert has recently estimated that every case of tuberculosis who went to France and was sent home for treatment cost the Canadian government $5,250. Thus the importance of trained tuberculosis examiners can easily be understood. A man in the service with tuberculosis is not only a source of infection but a deadweight and a drag on the army.

As our work was coming to a close, the President of our Board said one morning, "I want five of you gentlemen to go with me to headquarters to examine the higher officers," and called for volunteers. I said that I would as soon examine a colored boy as a colonel. He afterwards told an amusing story of his experience with the commanding general. The General said to him, "Major, I suppose that I will have to be examined."

The Major replied, "That is the order from the surgeon general's office."

"Well, it is all damned nonsense. I was examined at Washington three months ago."

"Very well," said the Major, "I will have to report you as not examined."

The General took off his jacket and pulled up his shirt and said gruffly, "Now you can examine me."

"You will have to take your shirt off," said the Major.

"Damned if I will," snarled the General, walking up and down the room.

The Major waited until he caught the irate officer's eye, saluted, and quietly walked out. The next day he received a telephone call from headquarters asking when it would be convenient for him to come down and examine General ———. An ambulance would be sent for him. He was most courteously received when he reached headquarters, and the General submitted to be examined according to regulations. The Major told us afterwards: "I want you, gentlemen, to remember this, for when you are on your ground stand by the army regulations regardless of the rank of any man who may be your superior officer."

We examined one day six hundred men from the officers' training camp who had fallen down at the first camp and got their commissions after several months' subsequent training. The major at the head of our Board said to me afterwards, "God help the United States of America if that is the kind of stuff they are going to make officers of." A large proportion of them might properly be called culls. However, the young fellows aspiring to commissions whom we examined at Camp Dix were certainly high class men. I do not believe that their superiors could have been found in any army in the world.

I have said that I got the impression that the local boards sent unfit men into the service with the idea of getting rid of the "no goods" in the community. That policy met with no success, as a man who had to undergo the careful scrutiny of

nine examining boards was sure to be caught somewhere if he had any serious physical or mental defect. I have no doubt but that the American army was superior to that of any of the other warring nations, as we had not at any time a shortage of man power and therefore it was not necessary to accept any man below the army standard.

Occasionally a line officer would interfere and try to exert his influence against the decision of the examiners. I remember a case at Camp Custer where my associate found activity in the upper lobe of the left lung in what is called "Kronigs isthmus." I confirmed his diagnosis. The captain was called in; he agreed with us, and the man was sent to the Superior Board and marked for rejection. He had been twenty years in the army and was very indignant when he perceived that we were not going to pass him. He said he had merely a cold which he had contracted by being moved from Mexico to Michigan. He had been a soldier in the "pacifist" war which our country had been conducting on the border the year before. The next week he returned with a new service record. We asked him how he got it. He replied, "My colonel don't believe you doctors. He says I have only a bad cold." He was marked for rejection but came again with a new record. After his third rejection we were told that he was the colonel's pet and an excellent man to take care of horses. When he came back the fourth time he had no papers but begged for another examination. I said to him "My boy, the government will take good care of you and send you to a sanitarium in New Mexico. You tell your colonel that he can't put it over any tuberculosis examiner in the army; under no condition will you be allowed to go overseas with your regiment." I was sorry for him as he was an Irishman, full of fight, and anxious, as he said, to get a shot at the "German devils."

The last week in January saw the finish of the work in Camp Custer. When I first went into the service I expected that I would not be needed more than three or four months

for the line of work I had engaged to do. When we had examined all the recruits in Camp Custer the officers in the medical reserve looked forward to a transfer; and I anticipated an order to go home. The experiment of employing contract surgeons from civil life had not proved a success. The medical men who went into the service for an indefinite time found the work hard, the environment unpleasant, the pay unremunerative, and after a few months the majority of them sent in their contracts to Washington for cancellation. I was told by the president of the Tuberculosis Board that if I would agree to stay in the service until the end of the war I would be ordered to Camp Greenleaf, Georgia, for instruction. Between the first and second drafts there was a lull in the work of examining recruits and the surgeon general thought it best to keep the examiners busy at the line of work they had been engaged in, so they were sent to various training camps in the South. My orders to Camp Greenleaf came on February 1. Anxious to leave a land of ice and snow we took the train at once for Chicago and then the "Dixie Flyer" (a misnomer) to Chattanooga. It was a happy change from a temperature of ten degrees below zero to the opening of a southern spring in forty-eight hours. Camp Greenleaf is located on the site of the battle field of Chickamauga and also on the exact spot where Chickamauga Camp was located during the Spanish American war. The great advance in sanitation since that time had revolutionized conditions and the camp, instead of being a breeding place for infections "without a microscope or a test tube," was strictly sanitary in all its appointments.

While at Camp Custer I had been advised by some of my colleagues to apply for a commission in the reserve, but the longer I served in the army the more pleased I was that my application was rejected. The contract officer does not sleep on a bed of roses, but he has much more freedom than is

allowed the regular army officer, and my rank in the service made life much easier for me.

When I reported at Camp Greenleaf, the young lieutenant who wrote down my personnel in the registry said, "You can put your cot in that corner, Lieutenant."

"I am not going to sleep here," I replied. "I am going to stay in Chattanooga with my wife."

"But you must stay in the barracks," he answered. "No one is allowed sleep out without a pass. It is tighter than hell here."

"I don't care how tight it is," I returned. "I am beyond the age of commission, and if I sleep in that barracks I'll get what you call pneumococcus bronchitis and die, and I don't propose to die in the service unless it is necessary."

"You will have to get a permit then."

"Very well," I said, "fill out an application and I will sign it."

I got the permit next morning. In a few minutes a sergeant approached me and said, "Lieutenant Colonel Beardsley wishes to speak to you. You will find him in that tent," pointing down the hill.

I went to the Colonel's tent and asked him what he wanted to see me about.

He said, "I will examine you physically today and medically tomorrow."

"I think not, Colonel," I answered. "I am a contract officer. I have already served in two camps and have been passed on medically at Fort Benjamin Harrison. I don't think that you need to take up any time with me."

"I rather think you are right, Lieutenant, and I will excuse you," was the reply. I was known in the camp in a few days as the man who did as he darn pleased. I inquired for Major Nichols, the head of the tuberculosis instructors, and next day became a member of his class.

I found that eight of my colleagues on the Board at Camp Custer who had preceded me to Camp Greenleaf had been engaged in the pleasant occupation of drilling in the Georgia mud. One of them, a fine fellow from Iowa, said to me, "My patriotism is all gone, and I am completely tired out." When I called on Colonel Page, the camp commandant, to get a permit to attend Major Nichols' class I told him who I was and where I had been. I said, "What do you think, Colonel? They told me I would have to drill here."

He broke into a hearty laugh. "Major, old fellows like you and I don't have to drill in this camp. That is damned nonsense."

I told him that my colleagues who had been drilled and trained at Fort Benjamin Harrison and who had been examining recruits at Camp Custer for several months were also drilling.

"Give me their names and I will see that they get something else to do besides drilling."

Colonel Page was a regular army officer, and his shoulder straps did not cause any swelling of his head such as we often noticed in officers of the national army.

Major Estes Nichols is a distinguished member of the medical profession and a well-known authority in New England on tuberculosis. He was very popular as a teacher, as was Major Good Kind of Chicago, who gave instruction in cardio vascular diseases. Captain Keltie of Philadelphia was the lecturer on pathology and an eloquent and impressive teacher.

Within a few days after my arrival at Camp Greenleaf I found one of the main reasons for the pneumococcus bronchitis which was so prevalent. The barracks were only shanties, built on posts as a foundation; the heating apparatus consisted of small stoves which required two men and a boy to "keep them in action." The medical officers would go out on a two hours' drill through the mud, one hundred twenty

steps per minute, and then with no opportunity to change their wet underwear would be compelled to sit in a cold barracks and listen to a lecture. A good friend of mine from Madison, a major in the service, went to the infirmary within a few days as a result of this discipline and was transferred to the hospital for several weeks to recover from an attack of broncho-pneumonia.

The medical staff of the base hospital at Fort Oglethorpe was insufficient in numbers and I gathered from what I saw in the wards (and the morgue) that some of the attending surgeons were not very strong on diagnosis. When a medical man cannot diagnose as common a complication of pneumonia as empyema until the subject reaches the post-mortem table, he does not deserve to rank high as a practitioner, whether in the army or in civil life. This is a painful subject, and I will not go more into detail as criticism at this late day will not accomplish any good. One finds in the army that it is the proper thing to keep silent but when a man has lived over sixty years in the world and has been in the habit of expressing his opinion on all subjects, it is rather trying to be compelled to keep quiet when he feels like denouncing incompetence. A friend of mine who had been fifteen years in the medical service told me that the only way to play the army game is to do as you are told by your superior officers and hold your tongue. A man who has an opinion of his own and expresses it does nothing but make trouble for himself. In the bosom of your family it is not always the part of wisdom to express a difference of opinion; in Uncle Sam's army it is the height of imprudence.

At Camp Custer and at Fort Benjamin Harrison the recruits we examined for admission to the service were men of fit quality for the making of first-class soldiers. When the physically unfit had been weeded out by the examining board, I do not think that finer material for an army could have been found in the world. Both the Huns and the Allies

were compelled to make use of every man who could march or carry a gun but we had the choice of the young manhood of America. Quite different were my impressions when I reached Camp Greenleaf and came in contact with the Southern cracker. The curse of slavery, the lack of the schoolhouse, hookworm and malaria, all have left their influence on the Southern boy of today. That the Civil War lasted four years can only be accounted for by the bravery of the Confederate soldier. That the men of the Southland fought like heroes cannot be denied; and they did so because it was in their blood.

I have spoken of the unnecessary drilling to which the medical officers were compelled to submit. Among the medical officers whose duties consisted of examining the lungs and hearts of the recruits there was a pronounced feeling that serious and often permanent damage was done by ignorant drillmasters to boys who had not been accustomed to strenuous physical exercise. In conversation one day with a prominent Philadelphia heart specialist on this subject he expressed himself emphatically on what he called the stupidity of the army regulations. He told me that one day in August on the parade ground at Fort Oglethorpe he saw some recruits drilled for two hours without a drop of water to drink with the thermometer at 100 in the shade. He denounced the practice of taking boys who had been clerks in stores and bookkeepers and putting them through the same drill which was required of lumbermen and farmers and athletes. He said that undoubtedly many cases of organic heart lesions would be developed by such senseless procedure. I am sure that some of the medical officers over forty-five suffered permanent injury by drilling when compelled to keep step with men of half their age on the parade ground.

One day at Camp Greenleaf I met a New England officer. I said to him, "Captain, what are you doing here?"

He replied, "I am drilling."

"How do you stand it?" I asked.

"I don't stand it. I pant like a dog when we are through. They put some of those long legged boys in the front rank and I have to keep up with them."

I told him that at his age (fifty-three) he was laying the foundation for heart disease in the future. At Camp Dix I became well acquainted with a medical officer fifty years old, from Tennessee. On the way home one evening I said to him, "Captain, you act blue tonight."

He replied, "I have the blues; I have been told that I have a presystolic murmur, and I am going to be S. C. D'd. I was perfectly well when I passed my examination for entrance into the service and I now am thrown into the discard. I gave up my practice and now I have to go back home and every enemy I have will point his finger at me as long as I live as a man whom Uncle Sam did not consider as competent for army service."

I have no doubt that his heart lesion had been developed by his strenuous exercise. Blundering on the part of "swivel chair artists" in Washington had done him a rank injustice.

The old saying that a man should not run after forty is a true one. The heart muscle begins to change between forty-five and fifty and a man who indulges in strenuous and unwonted exertion after that time is sure to pay the penalty. One of the most famous surgeons in the United States died from heart dilation as the result of mountain climbing in South America. The authorities in Washington are, no doubt, responsible for shortening the lives of many patriotic men who volunteered to serve their country and were compelled to endure unnecessary hardships which they did not dream of or were in no way fitted for when they entered the service. Fifty-five was the age limit and the War Department accepted men up to that age and drilled them as if they were boys.

The hygiene of the camps where it was my fortune to serve was excellent. Good drainage and pure water are necessities for a military camp. Some of the camps, especially in the South, were the reverse of hygienic. General Gorgas denounced the location of some as having been selected by political influence. One was located in what was practically a morass. Camp Bowie at one time had two thousand cases of sickness without a toilet. Politics were said to be adjourned, but it is not possible to escape the conclusion that this was a Southern democratic war, fought largely by Northern men and financed by Northern money. Representative Kitchin said publicly that the North wanted the war and they ought to pay for it.

I have said that some of the local boards seemed to think it was well to send the "no goods" from the small towns, thinking that in this way they could clean up their localities. It is probable that in some cases influences were brought to bear on the local examiners to keep sons of wealthy men at home. In one famous case the son of an automobile manufacturer was kept out of the service through pull with some high authority. He was probably not more fitted for a soldier than his father was for a United States senator. At Camp Custer I knew of a number of the sons of wealthy men and millionaires in their own right who were serving as privates.

I served for a short time at Camp Dix on a rejection board and one evening when leaving the infirmary where I was stationed I was asked if I would examine a sergeant who was about to go overseas; he wanted forty-eight-hour leave to see his wife, who had just given birth to a child. When I had finished my examination and took up his service record to affix my stamp I read the name of one of the best known families of railway magnates in this country. The young man's occupation was railroad president. He was made a lieutenant a short time after his arrival in France, as he was

an accomplished linguist. An entirely different case came to my notice in Camp Dix—that of a colored man forty-two years old with a wife and three children; he had been drafted from North Carolina. He was far past the draft age and told the examining board that he been told in his native town that there was no escape for him. No doubt he filled the shoes of some favorite with a white skin. The colonel of the regiment took up the matter with the War Department and the man was no doubt sent home to his family.

I feel certain that the majority of the medical reserve men in the army would gladly have resigned and gone home, as the irksomeness and boredom incident to life in a cantonment was in the highest degree trying to a man's nerves as well as to his patriotism. I knew men who were well qualified surgeons in civil life who had been in the army a year without seeing a sore finger. Counting blankets, picking up cigar stumps, scrubbing barrack floors, and splitting wood were hardly occupations for gentlemen who had gone into the service as surgeons in time of war. I often said to some of my colleagues on the T. B. examining board that if they could not go to France they were at least doing some useful work. The great and gallant force of men sent overseas was the output of the boards, whose members certainly performed a duty only less useful than that of the surgeons who on the firing line and in the hospitals of France and Flanders so nobly sustained the honor of the medical profession.

The first case of influenza was diagnosed at Camp Dix on September 18. On the following Monday our examining board was disbanded and its members were all detailed for duty in the hospital annexes which were hastily improvised to meet the overflow of cases from the base hospital. I was a diagnostician in Hospital Annex Number 3 and for three weeks was compelled to see young fellows—the flower of American manhood—die like flies day by day. I had my quarters in Mount Holly, a few miles distant, and went to

Camp by train every day. It was very depressing to see twenty-five or more coffins at the station every morning when I reached camp and a similar number there again when I went home in the evening. There were over eight hundred deaths in Camp Dix from influenza. I was very glad to go back to my work of examining hearts and lungs.

An incident which caused a great deal of comment at the time may be related here. When the epidemic had died out General Scott gave permission for the reopening of the camp theaters and places of entertainment. The first time the "Big Y"—the largest Y. M. C. A. building—was opened a movie was put on. Pictures were shown of prominent government officers, among them Secretaries Daniels and Baker. I will not mention any others; with each there was a ripple of applause. When Colonel Roosevelt's picture was shown on the screen, the applause was deafening. It was easy to see who, among national figures, was first in the hearts of the men at Camp Dix.

"The victorious retreat," as the Huns termed their rapid retrograde movements in the fall of 1918, showed plainly that the end of the war was in sight, and I sent in a request to the surgeon general that my contract be cancelled on November 1, which completed a year of service in the army. I felt that for a man in the sixty-eighth year of his age it had been a great privilege to have worn Uncle Sam's uniform.

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